



**AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE
ANU COLLEGE OF MEDICINE, BIOLOGY & ENVIRONMENT
THE AUSTRALIAN NATIONAL UNIVERSITY**

**REDUCING THE BURDEN OF DISEASE ASSOCIATED WITH
DEPRESSION**

**Stream Eleven
International Visiting Fellowship**

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Professor Helen Christensen, PhD
Centre for Mental Health Research
ANU College of Medicine, Biology & Environment**

**Professor Pim Cuijpers
Vrije University, Amsterdam,
The Netherlands**

December 2009

ACKNOWLEDGMENT

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We wish to thank the Australian Primary Health Care Research Institute (APHCRI) for funding the visit by Professor Cuijpers' (Vrije University, Netherlands). We also wish to thank Professor Cuijpers for taking the time out of his very busy schedule to visit Australia and particularly for the insights he provided, and for the gracious and generous manner in which he provided feedback and input to a range of stakeholders including but not limited to researchers and research students. Finally, we thank him for his assistance in compiling this report.

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EXECUTIVE SUMMARY

Mental disorders are a major public health problem and depression has been projected to be the primary cause of disease burden by 2030. A key challenge for Australian primary health care system is to find evidence-based interventions and modalities that will avert this burden.

The current report summarises the activities and outcomes of an APHCRI-funded visit to Australia by Professor Pim Cuijpers, an international expert in the prevention of mental disorders, in strategies for delivering cost-effective mental health care in general practice and in e-mental health.

In this report, primary health care refers not only to care provided in general practice but also to the provision of first level care in other settings including the delivery of e-health services and prevention direct to the public. Both general practice care and the latter broader aspects of primary health care were covered by Professor Cuijpers visit.

Professor Cuijpers' visit took place between 23 November and 2 December 2010. During his visit he presented a series of keynote lectures including a talk on *Internet supported self-help in stepped care for depression and anxiety* at a national e-health research and implementation forum attended by a range of key health stakeholders; a public lecture in Canberra on the prevention of depression, and an address entitled *Prevention of depression: Policies and Challenges* at the Australasian Society for Psychiatric Research Annual conference. Cuijpers also contributed to stakeholder discussions designed to provide feedback on a national 2020 vision of e-mental health and took part in a roundtable discussion with policy makers from the Department of Health & Ageing. Finally, he forged collaborative linkages with other researchers in Australia, co-developed a proposal for an international early career exchange program between centres of excellence in Internet health intervention research and delivery and provided mentoring to early career Australian researchers, particularly at the Centre for Mental Health Research.

Professor Cuijpers' keynote presentations, lecture and roundtable discussions provided important evidence to inform policy directions with respect to primary health care defined broadly and to general practice more specifically. In particular, he presented the results of meta-analyses showing that depression can be prevented. Across all conditions, preventive interventions reduced the incidence of mental disorders by 27 per cent (compared with control) and depressive disorders by 28 per cent. Cognitive behaviour therapy interventions resulted in a reduction of incidence of depression of 31 per cent. Moreover, Cuijpers demonstrated that depression can be prevented using self-help programs in general practice and that such interventions are more cost-effective than treatment as usual. Professor Cuijpers emphasised the potential of the Internet as a means of maximising the public health impact of prevention programs.

There are clear policy implications of this work. Evidence-based programs for preventing mental disorders and involving self-help elements should be disseminated as part of the implementation of the *National Primary Health Care Strategy*. In addition, there is a need to develop mechanisms to facilitate the international exchange and translation of evidence-based e-health programs and to support the dissemination of evidence-based e-mental health programs both to general practitioners and direct to consumers.

INTRODUCTION

Mental disorders are a major public health problem and depression has been projected to be the primary cause of disease burden by 2030. A major challenge for Australian primary health care system is to find evidence-based interventions and modalities that will avert this burden. Currently, only a minority of Australians with common mental disorders seek help and many of these do not receive evidence-based treatments. One approach to averting the projected burden of these disorders is to develop better models for delivering existing evidence-based mental health care in general practice and other primary health care settings. However, recent Australian research suggests that even if all people with depression were provided with the currently available optimal evidence-based treatments, only 32 per cent of burden would be averted [1]. This suggests that additional reductions in burden will require either improved treatments or their large scale prevention or preferably both.

The current report summarises the outcomes of a visit by Professor Pim Cuijpers, an international expert with research and other expertise relevant to the development of policy with respect to both prevention and to models of improving care in general practice. The report begins with a brief summary of Professor Cuijpers' areas of expertise followed by a description of the activities he undertook during his visit, the key issues emerging from these activities and their implications for primary health care policy.

Definition of primary health care:

Primary health care has been defined by APHCRI as *socially appropriate, universally accessible, scientifically sound first level care*. According to this definition, primary health care involves not only face-to-face primary care from general practitioners, but also the provision of first level care in other forms including prevention and e- health services direct to the public. Both general practice care and broader aspects of primary health care were covered by Professor Cuijpers visit.

Professor Pim Cuijpers:



Professor Pim Cuijpers' visit was funded by an APHCRI International Visiting Fellowship Program. This program was established by APHCRI with the aim of strengthening the knowledge base, facilitating the translation of research into policy and practice, and fostering national and international strategic research partnerships in primary health care (see APHCRI Strategic aims).

About Professor Cuijpers: Pim Cuijpers is Professor and Head of the Department of Clinical Psychology and Research Director and a member of the Board of Directors of the Faculty of Psychology and Education of the VU University, Amsterdam, the Netherlands. He is also Vice Director of the EMGO Institute for Health and Care Research (www.emgo.nl) and Vice-Dean of the Faculty of Psychology and Education at the VU University. He was formerly the Head of the Prevention Department in the Trimbos Institute: The National Institute of Mental Health and Addiction, in Holland. He is a leading international expert in the area of primary prevention and the delivery of self help interventions direct to the public and has a strong research track record in general practice research. He and his Department have a close collaboration with the research group on General Practice at the VU Medical Centre. Cuijpers' content expertise is in the fields of depression, substance abuse and sleep disorder. He has particular expertise in the conduct of meta-analyses. He has over 300 peer-reviewed publications including 103 English-language refereed articles in the past 5 years.

KEY ACTIVITIES:

Professor Cuijpers' visit which took place between 23 November and 2 December 2010.

During this time he:

- **Delivered a keynote lecture entitled *Internet supported self-help in stepped care for depression and anxiety*, at a national e-Health Forum entitled 'From Research to Implementation'** (1 December 2009, see Appendix 1).
 - This lecture focused on the implementation of internet solutions in general practice. This forum, which was organised by the Centre for Mental Health Research, was the first *satellite national* forum to be held under the auspices of the International Society for Research into Internet Intervention.
 - The forum was attended by 70 stakeholders including:
 - *policy makers* (Department of Health and Ageing, Department of Defence, Department of Veteran's Affairs, Department of Families, Housing, Community Services and Indigenous Affairs, Department of Foreign Affairs and Trade, Corrective Services NSW)
 - *non-government organisations* (Lifeline, Inspire Foundation, beyondblue, Health Consumers' Council, the Mental Health Council of Australia; Mental Health Coordinating Council, Reconnexion, DepressioNet, Crisis Support Services)
 - *research organisations* (e.g. CRUFAD, Centre for Mental Health Research, Brain and Mind Research Institute, University of Sydney, University of Canberra, Griffith University, Centre for Rural and Remote Mental Health, University of Copenhagen, Pathways Health & Research Centre, Parenting Research Centre, Orygen Youth Health Research Centre, Queensland University of Technology, National Drug and Alcohol Research Centre, University of NSW, Swinburne University, Northern Rivers University, Centre for Youth Substance Abuse University of Queensland, Parenting Research Centre, Australian Primary Healthcare Research Institute)
 - *mental health services* (Toowoomba Mental Health Service, Mental Health ACT, Headspace ACT, McKesson Asia Pacific, Australian Institute of Sport, Turning Point Alcohol and Drug Centre (Eastern Health))
 - *professional bodies* (Australian Psychological Society)
 - *IT companies* (SDH Consulting Group, Webmatics, HITnet Development Program).
- **Contributed to stakeholder discussions designed to provide feedback on a national 2020 vision of e-mental health** and conducted at the above e-health forum: From research to implementation.
 - It is intended that feedback from these discussions will form part of a policy paper to be submitted to the *Medical Journal of Australia*.
- **Delivered a public lecture in Canberra entitled: *Preventing the Depressed State*** (1 December 2009, see Appendix 2).
 - This was well attended and culminated in a four-column media article in the Sunday Canberra Times (6 December 2009) entitled: *Depression Prevention best Cure: Professor calls for focus shift*.
- **Took part in a roundtable discussion with policy makers from the Department of Health and Ageing** in Canberra, delivering presentations on prevention and stepped care in general practice for the purpose of providing information that might inform or provide context for relevant policies such as the draft *National Primary Health Care Strategy* and the *National Health and Hospitals Reform Commission*.

- **Delivered a keynote address entitled: Prevention of depression: Policies and Challenges at the Australasian Society for Psychiatric Research Annual conference** (2 December 2009). This keynote provided research evidence to support the importance of implementing policies which ensure that prevention is offered as a primary care service.
- **Contributed to a number of initiatives at the Centre for Mental Health Research including:**
 - research planning discussions with senior researchers at the Centre for Mental Health Research culminating in plans for collaborative research
 - providing individual feedback to PhD students and early career researchers during a roundtable discussion of their research projects
 - co-developing a policy for an international student and early career researcher exchange, and discussed potential exchange/translation of Australian and Netherlands e-mental health programs.
- **Visited the CRUFAD and held discussions with Professor Gavin Andrews and Nick Titov in Sydney:** Like the Centre for Mental Health Research, the CRUFAD group has developed e-mental health programs which they are implementing in general practice.
- **Undertook discussions** with Professor David Kavanagh (Queensland University of Technology), Associate Professor Judy Proudfoot (University of New South Wales) and Associate Professor James Bennett Levy (Northern Rivers University Department of Rural Health) about low intensity interventions for mental health and/or e-mental health interventions and research. A planned meeting with Dr Grant Blashki of the University of Melbourne was unable to take place as he was overseas during Professor Cuijpers' visit; similarly Associate Professor Britt Klein was unavoidably and unexpectedly detained on other business so that planned discussions with her were not possible.

KEY ISSUES:

Professor Cuijpers' keynote presentations, lecture and roundtable discussions provided important evidence to inform policy directions with respect to primary health care defined broadly and to general practice. The key points he made are summarised below.

Guided self-help

- **Guided self help versus unguided self help:** It is known that self-help can be an effective intervention for the common mental health problems. Professor Cuijpers presented the results of a meta-analysis which showed that self help is more effective if it is delivered with some degree of guidance to encourage the person to continue the program [2]. However, he pointed out that the reach of unguided interventions is very much greater than that for guided interventions and that guided interventions are typically more expensive. Accordingly, he concluded that unguided interventions may have greater public health impact.
- **Guided self help versus face-to-face individual therapy and group therapy.** Professor Cuijpers presented the results of a meta-analysis comparing the reported effect sizes for 70 face-to-face individual psychotherapy studies, 49 group psychotherapy studies and 15 guided self help studies [3]. Guided self help was at least as effective as face-to-face psychotherapy. Similarly, a meta-analysis of 24 studies which directly compared guided self help with other forms of therapy showed no significant difference in outcomes or dropout rates for the two. Moreover, based on a cumulative meta-analysis, Professor Cuijpers reported that sufficient evidence had been accumulated by 1994 to demonstrate that guided self help was as effective

as face-to-face therapy. Despite this, it is rarely applied in routine care. He noted that Internet interventions provide an opportunity to translate this knowledge into practice.

- **Internet-based guided self help in stepped care:** Professor Cuijpers listed four principals of stepped care. These were to commence with lowest intensity and lowest cost interventions (principal one) and to undertake less assessment/diagnosis at the outset (principal two), to progress to more intense and costly interventions should the lower intensity intervention be insufficient (principal three) and to monitor the outcome of each level of the stepped care of process (principal four).

He nominated the following levels of stepped care: (1) 'Watchful waiting' involving monitoring only; (2) Guided self help through the Internet or a book together with monitoring; (3) Brief face-to-face therapy (employing either cognitive behaviour therapy or problem solving therapy) together with monitoring; and (4) longer term face-to-face therapy and/or medication together with monitoring.

Professor Cuijpers described trials which his group is undertaking or has undertaken comparing the stepped care approach using an Internet-based guided self help component compared to care as usual in general practice. The first trial compared stepped care and usual care for the *prevention* of depression in older people with depressive symptoms but no clinical depression. The incidence of subsequent depressive disorder in the group receiving stepped care was half that of the control group (Stepped care incidence=11.6 per cent; Control group incidence= 23.8 per cent). The second trial is evaluating the efficacy of stepped care for *treating* anxiety or depressive disorder in general practice and is currently in progress.

Prevention

- **Definition:** Professor Cuijpers' employed the Institute of Medicine's spectrum of care [4] as the framework from which to consider prevention of mental disorders. The spectrum includes three levels of preventive intervention: universal, selective and indicated. A universal intervention is applied to all members of a community or group; a selective intervention is applied only to those at risk of developing a disorder; and an indicated intervention is directed to those individuals who have elevated symptoms but a diagnosis of the disorder.
- **Costs of depression:** In addition to outlining the statistics concerning the high level of burden of depression, Professor Cuijpers reported that in the Netherlands, depression costs 660 million Euros per 1 million inhabitants.
- **Treatments can avert only a minority of the burden of depression:** Professor Cuijpers noted that current treatments avert only 15 per cent of the burden associated with any mood disorders and 13 per cent associated with anxiety disorders and that optimal treatment could avert only 35 per cent of the burden (i.e. if everyone with depression were treated with the best evidence-based treatments available) [1].
- **Need for prevention:** Professor Cuijpers noted that the above figures suggest that there is a need for improved dissemination of evidence-based treatments and the development of improved treatments. However, it was Professor Cuijpers' view that a solution to the burden in the form of improved treatments is unlikely in the near future. Accordingly, there is a need to consider methods for preventing mental disorders.
- **Who should be targeted with prevention programs?** One approach to undertaking prevention programs is to target those most at risk. However, Professor Cuijpers pointed out that "most people with a risk indicator do not develop depression". He and his colleagues have been developing a method for identifying those members of the population who may best be targeted based on their risk profiles and the prevalence of the risk in the

community. They concluded that prevention programs may be optimally directed at individuals with a combination of such risk factors including depressive symptoms, functional limitations, a small network, and being female [5].

- **Depression can be prevented:** Professor Cuijpers presented the results of a systematic review of 13 RCTs of interventions designed to prevent mental disorders [6]. Across all conditions, the preventive interventions reduced the incidence of mental disorders by 27 per cent (compared with control) and for studies of depression (n=7) the reduction in depressive disorders was 28 per cent. Cognitive behaviour therapy interventions resulted in a reduction of incidence of depression of 31 per cent. (Debriefing following trauma, however, is not recommended, since it increased incidence of post traumatic disorder by one-third). Reporting on a more recent meta-analysis (Cuijpers et al., *Am J Psychiatry*, 2008) of 19 RCTs of the prevention of depressive disorders Professor Cuijpers noted that there was a 22 per cent reduction in depression, and that universal prevention was less effective than other types of preventive intervention.
- **Depression can be prevented in general practice:** Professor Cuijpers reported the findings of a trial of guided self help using a Dutch language book form of the CBT course *Coping with Depression* [7] and weekly non-therapeutic telephone calls lasting no longer than 15 minutes per call. Participants were recruited in general practice and had high levels of depressive symptoms but no depressive disorder. The self help course was found effective in preventing depression [8].
- **Prevention is cost effective:** Professor Cuijpers presented data showing that the prevention study above was more cost effective than care as usual [9]. Not only was the guided self help intervention more effective than care as usual in general practice, the implementation of the program which prevented 'full blown' depressive disorders resulted in costs savings overall.

'Implementation!'

Professor Cuijpers emphasised the importance of translating research findings into practice and implementing the knowledge gained.



Professor Pim Cuijpers delivering his Keynote address at the National e-mental health forum, Old Parliament House, Canberra December, 2009

CONTRIBUTION OF THE VISIT TO APHCRI'S STRATEGIC GOALS

Professor Cuijpers' visit contributed to a number of APHCRI's strategic goals as follows:

APHCRI Goal One: Strengthen the knowledge base within primary health care by conducting and supporting research. This visit has facilitated the development of collaborative research links between Australian researchers and Professor Cuijpers. During his visit, Cuijpers and CMHR academics met to plan collaborative research projects (e.g. to explore methods for developing consumer-focused screening methods for identifying mental health problems online). Since returning to the Netherlands, Professor Cuijpers has been invited by Professor Gavin Andrews to co-author a review of e-mental health programs for JAMA (and has agreed). Cuijpers and Andrews had not previously undertaken any collaborative research and this link has arisen as a direct result of the APHCRI funded visit. Professor Cuijpers' interest and advice to other Australian researchers was also very well received. Students and early career researchers at The Centre for Mental Health Research benefited from the mentoring provided by Cuijpers about their work. Finally, the visit facilitated cross linkages between research groups within Australia (e.g. at the national e-mental health forum). Over time, the international collaborations, strengthened national connections and student mentoring resulting from Professor Cuijpers' visit will increase the knowledge base in the field of primary mental health care in Australia and internationally.

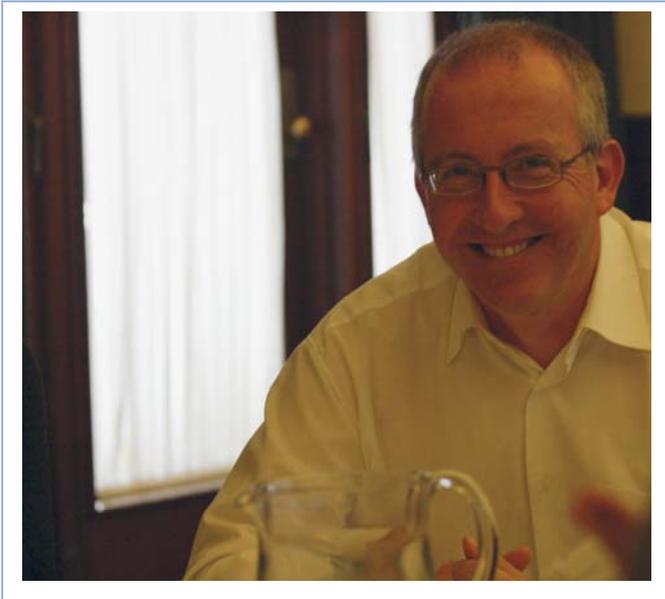
APHCRI Goal Two: Facilitate uptake of research evidence in primary health care policy and practice. The visit contributed to this goal by informing a range of key national stakeholders of the efficacy of new models of mental health service delivery in primary care. Professor Cuijpers' presentations at the e-mental health summit and the ASPR conferences generated a great deal of enthusiasm and positive feedback. Professor Cuijpers' consistent message in all of his presentations was "Implementation". This message appears to have been heard, at least by some. For example, we are aware that one high level policy maker planned to develop and implement a prevention strategy across their jurisdiction as a direct result of Cuijpers' presentation at the e-mental health forum. Professor Cuijpers' also disseminated research evidence direct to consumers through his public lecture in Canberra. Empowering consumers in this way is a key means for influencing practice. Finally, Professor Cuijpers' contributed to the discussion of a national 2020 vision for e-mental health, a policy paper which has the potential to impact on practice in the delivery of primary health care through technology.

APHCRI Goal Three: Enhance research capacity in primary health care through strategic partnerships with other relevant national and international groups. See the benefits outlined in APHCRI Goal One. Professor Cuijpers' visit led to the drafting of a proposal for an ISRII (International Society for Research into Internet Interventions) Early Career International Exchange program. The aim of this proposed program is to enable Masters, PhD and postdoctoral level scholars to visit and work with other participating international groups who are undertaking research into internet interventions. It was agreed that the VU in the Netherlands and CMHR will participate in this program.

Professor Cuijpers' visit was directly relevant to the focus of the *National Primary Health Care Strategy* including a focus on prevention and self-management and high quality care through innovation. It assisted in the identification of new trends in delivery in primary care, particularly with respect to stepped care guided self-help e-preventive interventions in general practice. As noted above, this fellowship support the Linkage and Exchange Model by linking Professor Cuijpers, an international expert, with key Australian providers and formulating views around models of e-health care delivery in primary and community care.

CONCLUSIONS

Given the contribution of mental disorders to the burden of disease and the unmet need associated with these conditions, the development of innovative, effective primary health care strategies for addressing these problems is critical. Professor Cuijpers provided evidence that preventive approaches can avert mental disorders. It is clear that in implementing the National Primary Health Care Strategy, care should be taken to ensure that evidence-based services are established to prevent mental disorders as well as physical illnesses. Cuijpers also showed that self help programs for mental disorders can be successfully implemented in primary care. Such programs should be introduced as part of the implementation of the *National Primary Health Care Strategy*. The Internet can play an important role in the provision of such self-help programs. Australia and the Netherlands are each international leaders in the field of e-mental health interventions, research and implementation. Plans for ongoing collaboration and researcher exchanges in this field together with the reciprocal translation of key evidence-based mental health websites will further strengthen the capacity of each country to address the unmet need associated with the common mental disorders. There is a need to facilitate the exchange of e-programs internationally and to support the dissemination of evidence-based e-mental health programs both to general practitioners and direct to consumers.



Professor Pim Cuijpers at the
National e-mental health forum,
Old Parliament House, Canberra
December, 2009

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Appendices

Appendix 1: Professor Cuijpers' Public Lecture.

AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE



APHCRI PUBLIC LECTURE

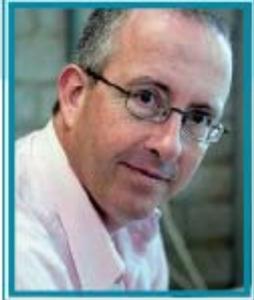
Preventing the Depressed State
 Professor Pim Cuijpers

Monday 30 November 2009, 5.30–6.30pm
 Lecture Theatre, Innovations Building 124, ANU
 RSVP by 27 November 2009: jessica.peascod@anu.edu.au

Depression is expected to be the disorder with the highest burden in western countries by 2030. Treating the disease has limited impact, but can prevention of depression help in reducing this burden? Evidence suggests it is possible to prevent the onset of depressive disorders in high-risk groups. So what is prevention and why is it important? Can depression among the population be reduced by using this technique? Professor Cuijpers will answer these questions and provide an overview of the research, including its limitations and the challenges for future research. As part of his talk, Professor Cuijpers will talk about the potential use of the internet to provide care to people with depressive disorders.

Pim Cuijpers is Professor of Clinical Psychology at the VU University Amsterdam (The Netherlands), and Head of the Department of Clinical Psychology. He is also Vice Director of the EMGO Institute for Health and Care Research (www.emgo.nl) and Vice-Dean of the Faculty of Psychology and Education at the VU University. Professor Cuijpers has published about 300 peer-reviewed papers, chapters, reports and professional publications. He specialises in examining the effectiveness of psychological interventions for common mental disorders, especially depression. Research on internet-based treatments of depression and anxiety disorders is one of his areas of research.

This public lecture is being presented by the Australian Primary Health Care Research Institute. Refreshments will follow the seminar.
 For more information about APHCRI, visit www.anu.edu.au/aphcri



Pim Cuijpers
 Professor of Clinical Psychology, VU University

ANU COLLEGE OF MEDICINE, BIOLOGY & ENVIRONMENT

Appendix 2: Professor Cuijpers' Keynote national e-health forum

**E-HEALTH WORKSHOP 2009:
FROM RESEARCH TO IMPLEMENTATION**



AUSTRALASIAN SOCIETY FOR PSYCHIATRIC RESEARCH (ASPR) AND THE
INTERNATIONAL SOCIETY FOR RESEARCH ON INTERNET INTERVENTIONS (ISRII)

Tuesday 1 December 2009, 9am – 5pm, Members Dining Room,
Old Parliament House, Canberra, Australia

The workshop will address the need to increase the recognition and use of e-health tools for mental health, with a focus on big picture issues such as sustainability, dissemination and strategic directions.

- Overview of e-health in Australia,
- Discussion between researchers, policy makers, NGOs and consumers,
- Use of web and telephone counselling interventions in primary and community care.

Keynote Speaker

Professor Pim Cuijpers,
Head of Department of Clinical Psychology, Vrije Universiteit Amsterdam
Professor Cuijpers is a leading expert on the prevention of depression and has led the e-health field in early intervention, stepped care models, online screening and the use of e-health in primary care.

Speakers

- Professor Helen Christensen,
Centre for Mental Health Research, The Australian National University
- Professor Kathleen Griffiths,
Centre for Mental Health Research, The Australian National University
- Professor Gavin Andrews,
Crufad, University of New South Wales
- Professor David Kavanagh,
School of Psychology & Counselling, Queensland University of Technology
- Ms Kerry Graham,
Inspire Foundation Australia

Who should attend?

The workshop is designed to facilitate engagement between researchers, governmental health policy makers, GP and health groups, representatives from NGOs and consumers. Key interest groups in e-health are invited to discuss major issues affecting the field, with the aim of developing specific solution pathways. Participants in this workshop will have the opportunity to engage with diverse stakeholders and play a role in planning the future of the field.

Register online at the ASPR 2009 conference website:

www.apsr.consec.com.au/register
Conference Fee: \$150
(full-time students and concession \$100)

Contacts:

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www.ehub.anu.edu.au/workshop2009.php

The workshop is associated with the Australasian Society for Psychiatric Research Annual Conference, 2 – 4 December, 2009. The ISRII/ASPR e-Health Workshop 2009 is affiliated with both the International Society for Research on Internet Interventions and The Australasian Society for Psychiatric Research. The Keynote Speaker Pim Cuijpers is supported by an International Travelling Fellowship from the Australian Primary Health Care Research Institute.

The e-health workshop is kindly supported by:



Appendix 3: Stakeholders at the National e-mental health forum

Kathleen Alonso	Department of Health and Ageing
Gavin Andrews	Clinical Research Unit for Anxiety and Depression
Kylie Bennett	Centre for Mental Health Research, ANU
James Bennett-Levy	University of Sydney
Michelle Blanchard	Inspire Foundation & ORYGEN Youth Health Research Centre
Michael Burge	Toowoomba Mental Health Service
Janie Busby Grant	University of Canberra
Alison Callear	Centre for Mental Health Research, ANU
Gwenda Cannard	Reconnexion
Trevor Carlyon	Lifeline Community Care
Leanne Casey	Griffith University
Helen Christensen	Centre for Mental Health Research, ANU
Clare Coleman	Centre for Rural and Remote Mental Health
Philippa Collin	Inspire Foundation
Daniel Costin	ANU School of Health and Psychological Sciences
Pim Cuijpers	Vrije Universiteit Amsterdam
Joanne Donnelly	Department of Health and Ageing
Chelsea Durbidge	Department of Health and Ageing
Lee Esposito-Braic	DepressioNet
Lou Farrer	Centre for Mental Health Research, ANU
Morten Fenger	University of Copenhagen
Nicci Flanagan	Pathways Health and Research Centre, Queensland
Sue Gherdovich	<i>beyondblue: the national depression initiative</i>
Brian Graetz	<i>beyondblue: the national depression initiative</i>
Kerry Graham	Inspire Foundation
Kathy Griffiths	Centre for Mental Health Research, ANU
Amelia Gulliver	Centre for Mental Health Research, ANU
Naomi Hackworth	Parenting Research Centre
Janet Haynes	Reconnexion
Helen Herrman	Orygen Youth Health Research Centre
Terry Houguet-Pincham	DepressioNet
David Kavanagh	Queensland University of Technology
Frances Kay-Lambkin	National Drug and Alcohol Research Centre, University of NSW
Lisa Kelly	Headspace ACT
Laura Kennan	Crisis Support Services
Britt Klein	Swinburne University
Sue Lauder	University of Melbourne
Joanie Lawson	Department of Families, Housing, Community Services and Indigenous Affairs

Sonja March	Griffith University
Rebecca Mathews	Australian Psychological Society
Mike McCoy	McKesson Asia Pacific
Judith McDonnell	Mental Health ACT
Michelle McInnes	Department of Defence
Julie Millard	Mental Health Coordinating Council
Kaveh Monshat	Orygen Youth Helath & Headspace
Amy Morgan	Orygen Youth Health Research Centre
Melissa Norberg	National Cannabis Prevention and Information Centre
Phillipa Olrick	Department of Veterans' Affairs
Allison Parmenter	Department of Families, Housing, Community Services and Indigenous Affairs
Julie Pert	Department of Foreign Affairs and Trade
Judy Proudfoot	University of New South Wales
Christine Reed	Department of Veterans' Affairs
Julia Reynolds	E-Hub Mental Health Services, Centre for Mental Health Research, ANU
Debra Rickwood	University of Canberra
Simone Rodda	Eastern Health - Turning Point Alcohol and Drug Centre
Sebastian Rosenberg	Mental Health Council of Australia
Anna Sidis	Brain and Mind Research Institute
Judy Singer	Northern Rivers University
Andy Smith	SDH Consulting Group
Dione Smith	Centre for Mental Health Research, ANU
John Smith	Webmatics Pty Ltd
Georgina Spilsbury	Corrective Services NSW
Brian Stafford	Health Consumers' Council
Rosanna Stanimirovic	Australian Institute of Sport
Lynne Terry	Department of Veterans' Affairs
Nickolai Titov	Clinical Research Unit For Anxiety And Depression
Helen Travers	HITnet Development Program
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